

American Indian Health Commission for Washington State

State Board of Health
March 10, 2004



Presentation Outline

- AIHC Overview
- Demographics
- Workforce Development Issues
- Recommendations

AIHC Overview

AIHC History

- Founded in 1994
- Originally designed to guide implementation of the Washington Health Services Act of 1993, the state's comprehensive health care reform act, most of which was repealed in 1995
- Tribal representatives decided to be a stand-alone commission instead of state advisory committee
- Individuals delegated by resolution from each federally recognized tribe
- Unrecognized tribes and urban Indian clinics represented through At-Large delegate seats
- Meets bi-monthly

Current Membership

- Current membership is 25 of 29 tribes, the two urban Indian clinics, and Small Tribes of Western Washington

Chehalis Tribe • Colville Confederated Tribes • Cowlitz Indian Tribe • Kalispel Tribe of Indians • Lower Elwha Klallam Tribe • Lummi Tribe • Jamestown S’Klallam Tribe • Makah Tribe • Muckleshoot Tribe • The N.A.T.I.V.E. Project • Nooksack Tribe • Port Gamble S’Klallam Tribe • Puyallup Tribe • Quinault Nation • Quileute Tribe • Samish Nation • Sauk-Suiattle Indian Tribe • Seattle Indian Health Board • Shoalwater Bay Tribe • Skokomish Tribe • Small Tribes of Western Washington • Spokane Tribe • Squaxin Island Tribe • Stillaguamish Tribe • Suquamish Tribe • Swinomish Tribe • Tulalip Tribes • Upper Skagit Tribe

AIHC Executive Committee

Chair

Marilyn Scott, Upper Skagit Tribe

Vice Chair

Cindy Lowe

Jamestown S’Klallam Tribe

Secretary

Whitney Jones

Squaxin Island Tribe

Treasurer

Rod Smith

Puyallup Tribal Health Authority

Member at Large

Crystal Tetrick

Seattle Indian Health Board

AIHC Goals

- Work to achieve unity and guide the collective needs of tribal governments in providing high-quality, comprehensive health care to AI/ANs
- Improve the health status of AI/ANs by influencing state health policy and resource allocation by promoting increased tribal-state collaboration

AIHC Key Activities

- Identify health policy issues and advocate strategies to address tribal concerns
- Coordinate policy analysis
- Solicit and collect information from the state for tribal review and response
- Disseminate information to tribal health programs and leaders
- Promote the government-to-government relationship between tribes and state health agencies

AI/AN Demographics

Washington's AI/AN Population

- Total AI/AN population is 112,006, the smallest racial/ethnic group in the state
- AI/AN population grew 27.4% between 1990 and 2000, 7.5% faster than WA's population as a whole
- The median and per-capita income of AI/ANs in WA are lower, while poverty and unemployment are higher, than the rest of the state
- The formal educational attainment of AI/ANs in WA is lower than the statewide population
- Housing for AI/ANs in WA is more crowded, and there is a higher percentage of AI/AN homes without a phone
- AI/ANs have the lowest insured rate of any racial and ethnic group in WA

AI/AN Health Disparities

- AI/AN people have long experience lower health status and inadequate health care when compared to other Americans
- AI/ANs in WA are dying younger than the general population, mostly of treatable conditions
- Average life expectancy from 1999-2001 of AI/ANs in WA was 74.4 years, nearly 4 years less than the statewide white population

AI/AN Health Disparities

- More AI/ANs die of stroke, chronic liver disease, and diabetes than total WA population
- AI/ANs have a higher rate of obesity, and that rate is increasing among AI/AN youth
- Tobacco use among AI/ANs is high and likely increasing
- Alcohol and substance abuse are significant problems among AI/ANs, with death rates due to alcohol-related causes substantially higher than for the general population

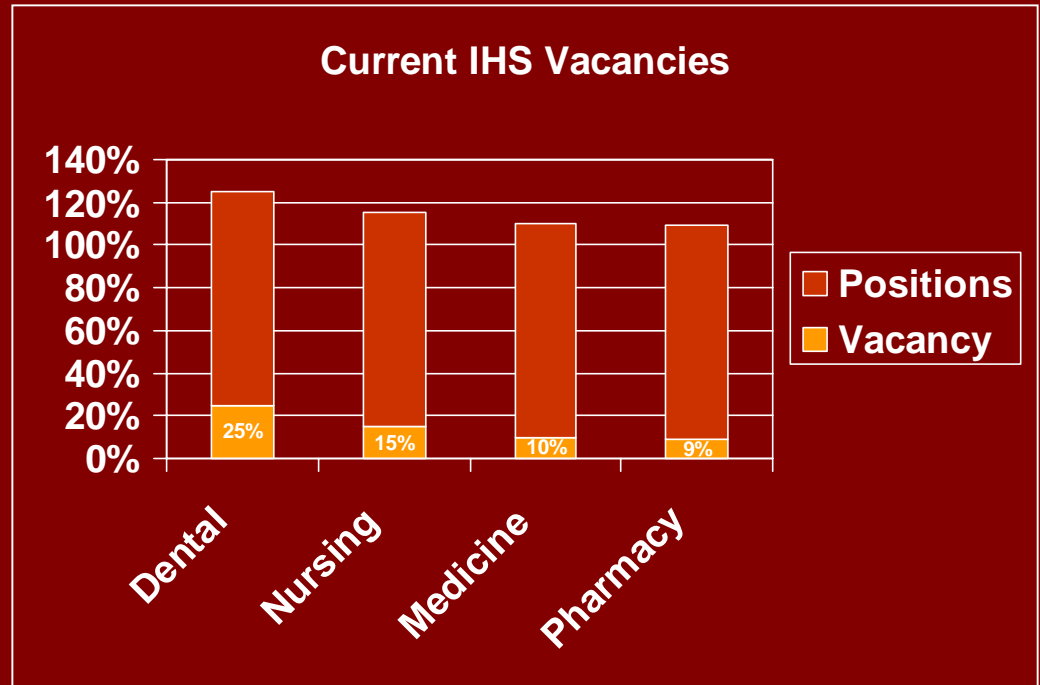
Factors Contributing to Disparities

- Inability to pay and lack of insurance coverage
- Lack of geographically available services
- Inadequate transportation
- Not having a regular doctor
- Lack of properly trained, culturally competent providers
- Chronic underfunding of Indian Health Service programs
- High poverty and unemployment
- Low educational attainment

Workforce Development Issues

Current Provider Shortfall

- IHS is experiencing national shortfall of doctors, nurses, dentists, pharmacists, and optometrists
- Growing concerns regarding availability of lab and x-ray workers, mid-level providers, and mental health professionals
- Vacancy and turnover expected to increase in 2004 and 2005

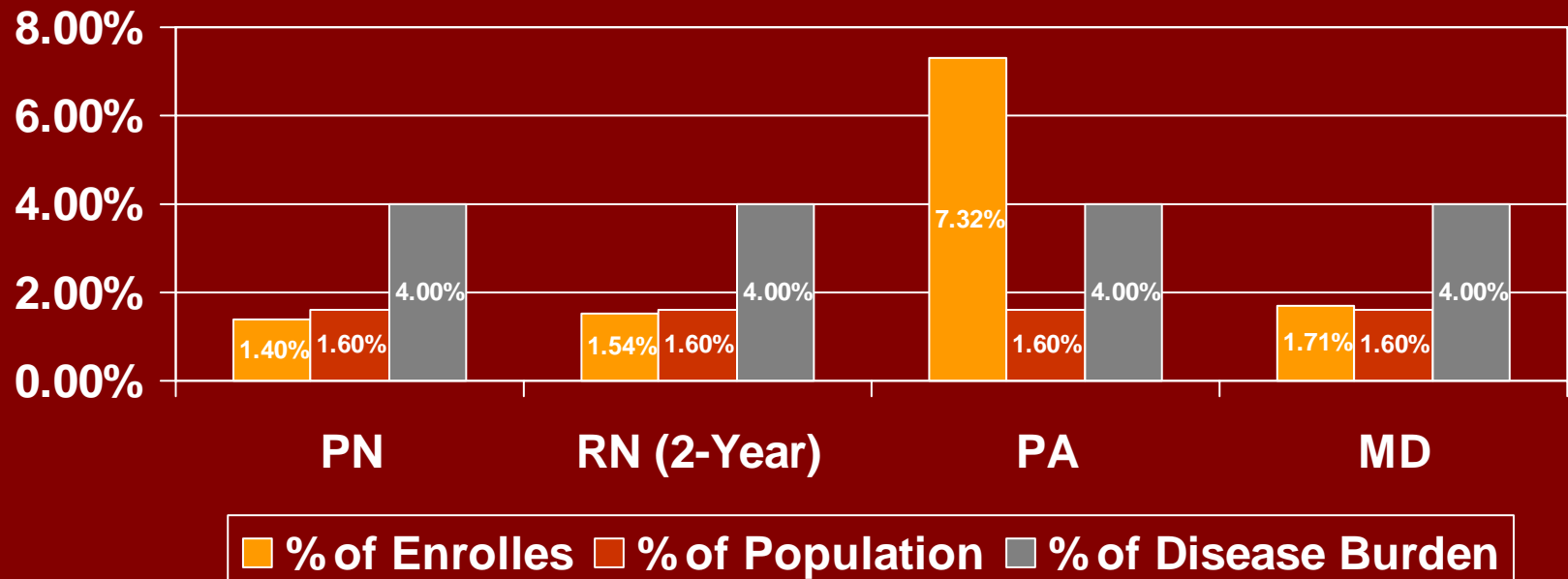


Factors Contributing to AI/AN Workforce Disparities

- Lower educational attainment of AI/ANs compared to statewide population
- Schools that are weak in math and science
- Lack of job opportunities for spouses and family members
- Insufficient opportunities for continuing education
- Geographic isolation
- Insufficient or inadequate housing in Indian communities

AI/AN Workforce Gap in WA

**AI Students in Health Professions Programs vs.
Population and Disease Burden**



Importance of AI/AN Health Workforce Development

- Many Indians are more inclined to seek out needed care from a Native American provider with whom they share a common cultural bond
- Quality of care improves because providers stay on the job longer and get to know their patients better

Current Initiative:

NW Tribal Recruitment Project

- Staffed through the NW Portland Area Indian Health Board
- Assists tribes recruit, place, and retain health care professions
- Posts and updates tribal and IHS vacancy announcements
- Maintains a database of health professionals who register with the project for recruitment purposes
- Sends advance information about registered professionals to tribal health care programs

Contact: Gary Small or Eric Vinson at 503-4185 or at ntrp@npaihb.org

More Information: <http://www.npaihb.org/recruit/ntrp.html>

Current Initiative:

WSU Native American Summer Nursing Institute

- Encourages Native American high school students to pursue the nursing profession and to prepare them for their futures
- Students experience a broad view of nursing, job-shadow at a local hospital, and participate in team-building and leadership exercises over the week-long program
- CPR, First Aid, basic nursing skills, and leadership skill instruction are the primary curriculum elements
- Student also receive instruction from tribal elders and tribal health professionals

Contact: Robbie Paul, WSU, at 509-324-7239 or paul@wsu.edu

AIHC Recommendations

2002 Tribal Leader Position Paper

- DOH, in consultation with tribes, should conduct an assessment of health care workers in the next ten years
- Funding for existing health career pipeline programs such as the Native American Summer Nursing Institute and IHS Health Professions Externship program should be increased
- Early education for AI/AN that promotes health career choices should be improved

2002 Tribal Leader Position Paper

- AIHC and NPAIHB will work with WA health agencies and organizations to identify existing programs and opportunities that promote workforce diversity
- AIHC and NPAIHB will continue to work with tribes to encourage tribal members to pursue health careers
- Tribes should work with the Washington Health Foundation to promote workforce development and cultural competency

Becky Donovan Johnston, Director
American Indian Health Commission for WA State
1752 NW Market Street, Box 104
Seattle, WA 98117
206-240-8194 (p) • 509-421-4429
bjohnston@aihc-wa.org

www.aihc-wa.org
